



Bib Data Sheet


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|--|---|--|---|---|--------------------------------|
| SERIAL NUMBER 09/580,822 | FILING DATE 05/26/2000 RULE — | CLASS 215 | GROUP ART UNIT 3727 | ATTORNEY DOCKET NO. OP/V-30969A | |
| APPLICANTS Gyorgy Lajos Kis, Triboltingen, SWITZERLAND; Eckhard Krautler, Dinhard, SWITZERLAND; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99110355.7 05/28/1999 | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/21/2000 — | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY SWITZERLAND | SHEETS DRAWING — | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 2 |
| ADDRESS 001095 | | | | | |
| TITLE Package for a pharmaceutical product | | | | | |
| FILING FEE RECEIVED 690 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

Printed 03/24/2001

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|--------------------|-------------|-------|----------------|-------------------|
| APPLICATION NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET N |
| 09/580,822 | 05/26/2000 | 428 | 1772 | OP/V-30969A |

APPLICANT
GYORGY LAJOS KIS, TRIBOLTINGEN, SWITZERLAND; ECKHARD KRAUTLER, DINHARD,
SWITZERLAND.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED EP 99110355.7 05/28/1999

FOREIGN FILING LICENSE GRANTED 07/21/2000

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|---|--|---------------------|--------------------|-----------------|---------------------|
| Foreign priority claimed 35 USC 119 (a-d) conditions met | O yes O no O yes O no O Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDE CLAIMS |
| Verified and acknowledged | _____ | CHX | 0 | 13 | 2 |
| Examiner's Name Initials | | | | | |

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TITLE
PACKAGE FOR A PHARMACEUTICAL PRODUCT